



# Someone Special and Me

New  
Program!

A delightful *non-sectarian* program designed for your child to enjoy with someone special. Enjoy a fun-filled hour of free play, arts and crafts, songs, stories, and even a snack. It's the perfect start for a positive preschool experience.

**For:** Boys and Girls ages 18 months to 2 ½ years old

**Session #1:** Tuesdays, September 14, 21, 28, October 5, 12, 19, 26, November 2, 9 and 16, 2004 or Wednesdays, September 15, 22, 29, October 6, 13, 20, 27, November 3, 10 and 17, 2004.

**Session #2:** Tuesdays, November 23, 30, December 7, 14, 21, January 4, 11, 18, 25 and February 1, 2005 or Wednesdays, November 24, December 1, 8, 15, 22, January 5, 12, 19, 26 and February 2, 2005.

**Location:** The Preschool Place & Kindergarten at Temple Sholom, North Bridge Street - Bridgewater.

**Time:** Two simultaneous classes will be held from 9:00 to 10:00am or 10:05 to 11:05am with six children per class.

**Cost:** \$150.00 checks made payable to "The Preschool Place & Kindergarten". If registering for more than one session or child, separate checks and forms are required.

Space is limited; registration is based on first come first serve at the Bridgewater Recreation Department.

**Three ways to register!** In person at the Bridgewater Recreation Department (Municipal Building – 700 Garretson Road) 9am to 5pm Monday to Friday, drop registration off in the "REC" mailbox located around back of Municipal Building before or after office hours, or via postal service.

Bridgewater Recreation Department P.O. Box 6300/700 Garretson Road – Bridgewater, NJ 08807 (908) 725-6373 office hours 9am to 5pm Monday to Friday [www.bridgewaternj.gov](http://www.bridgewaternj.gov)

## 2004 Someone Special and Me

\$150.00 – "The Preschool Place & Kindergarten"

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Circle  
Gender: Male or Female

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_ Parent Work #: ( ) \_\_\_\_\_

Parent Cell #: ( ) \_\_\_\_\_ Parent E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of 9/14: \_\_\_\_ of 11/23: \_\_\_\_ **Circle one Session Time:** 9:00am – 10:00am or 10:05am – 11:05am

### Circle Session Choice:

**Session #1 - Tuesdays**  
begins 9/14/04

**Session #1 - Wednesdays**  
begins 9/15/04

**Session #2 - Tuesdays**  
begins 11/23/04

**Session #2 - Wednesdays**  
begins 11/24/04

Please note that Bridgewater Township Recreation Department does not provide individual medical coverage for its participants. Each participant will be covered under his/her family's medical policy. It is recommended that families have insurance before the child participates. The Recreation Department reserves the right to cancel, alter, supplement, limit registration or change any other information.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

